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N=W MEXICO OIL CONSERVATIO COMMISSION

Santa Fe, New Mexico

Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWARLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletio. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Maljamar,	New Nextce	9-8-64 (Date)
E AR	E HERI	E BY R	EQUESTI	NG AN ALLOWABLE	FOR, A WELL KN	OWN AS:	, ,
			Leona rd	lichols III	tel., Well No	29, in	SE 1/4 SE 1/4
	/Compan	v ^* ^~		(1.2)	aer I		
							Pool
	Lea			County. Date Spudde			
Please indicate location:			ocation:	Top Oil/Gas Pay 3886 Name of Prod. Form. Gravoure			
D	C	В	A	PRODUCING INTERVAL -	Name C	T From Form.	avourek
				Perforations 3886-9	6. 3992-96.	1016-20, 402	3-36
E	F	G	H	Open Hole	Depth Casing	Shoe	Depth Tubing
				OIL WELL TEST -			
L	K	J	I				Choke hrs, min Size
M	Ň	0	P		_		of oil equal to volume of Choke
M	, N	"		load oil used):3	9 bbls.oil, 6	_bbls water in 24_	_hrs,min. Size
			<u> </u>	GAS WELL TEST -	, .		
	(F00T)		······································	Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke Size
ubing	,Casing	and Ceme	nting Reco	rd Method of Testing (pit	ot, back pressure, etc	.);	
Size	e	Feet	Sax	Test After Acid or Fra	cture Treatment:	MCF/I	Day; Hours flowed
4 5444 201 225			225	Choke SizeMethod cf Testing:			
	9-5#8" 294 225 -1/2" 4100 350		Acid or Fracture Treatment Sand):	ment (Give amounts of	materials used, such	as acid, water, oil, and	
2-3,		964		Casing Tubin Press Press	g Date first	new tanks 8-29-6	
				Oil Transporter T			
			•	Gas TransporterP			
emask		hde w	allie o	n numn. Itis an o	ff.set to injec	tion well in w	ater flood.
CIMON	.	TiPT'DM.	GOW. W. S.				
	· · · · · · · · · · · · · · · · · · ·						
Ιh	nereby ce	ertify th	at the infe	ormation given above is	true and complete to	the best of my know	vledge.
pprov	ed	\$FI	N.Y.	, 19	Leonar	d Nichols (Company of O	
				COMMISSION	By:	11 lack	
£						(Signature	
y:	· · · · · · · · · · · · · · · · · · ·				Send	Communications r	egarding well to:
itle	-		1 17 1			. McCutche on	wise
					M	ljamar, New 🎉	SYTCO

Deviations:

14801	1/2
21.20	1/2
2618	3/4
3112	1.
3 38 0	1-1/2
3816	3/4
4019	1/2

O.L. McCutcheon

Before me, the undersigned authority, on this date personally appeared O.L. McGutcheon, known to me to be the person whose name is subscribed to the foregoing instament, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this, the 8th day of September, 1964 in Lea County, New Mexico

Lena L. Wilson Notary Public